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SERIAL NUMBER 10/092,095	FILING DATE 03/06/2002 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 8627-051	
APPLICANTS Brian Bates, Bloomington, IN; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/08/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY IN	SHEETS DRAWING 7	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
ADDRESS J. Matthew Buchanan BRINKS HOFER GILSON & LIONE P.O. Box 10395 Chicago , IL 60610					
TITLE Partially covered intraluminal support device					
FILING FEE RECEIVED 1232	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		